



HEALTH QUARTERLY STATEMENT  
AS OF MARCH 31, 2010  
OF THE CONDITION AND AFFAIRS OF THE  
Unison Health Plan of the Capital Area, Inc.

NAIC Group Code	0707 (Current)	0707 (Prior)	NAIC Company Code	13032	Employer's ID Number	26-0651931
Organized under the Laws of	District of Columbia		State of Domicile or Port of Entry			District of Columbia
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified?	Yes [ ] No [ X ]					
Incorporated/Organized	05/03/2007		Commenced Business		03/01/2008	
Statutory Home Office	1015 15th St. N.W. Ste. 1000 (Street and Number)		Washington, DC 20005 (City or Town, State and Zip Code)			
Main Administrative Office	Unison Plaza, 1001 Brinton Rd. (Street and Number)					
	Pittsburgh, PA 15221 (City or Town, State and Zip Code)		412-858-4000 (Area Code) (Telephone Number)			
Mail Address	Unison Plaza, 1001 Brinton Rd. (Street and Number or P.O. Box)		Pittsburgh, PA 15221 (City or Town, State and Zip Code)			
Primary Location of Books and Records	Unison Plaza, 1001 Brinton Rd. (Street and Number)					
	Pittsburgh, PA 15221 (City or Town, State and Zip Code)		412-858-4000 (Area Code) (Telephone Number)			
Internet Web Site Address	www.unisonhealthplan.com					
Statutory Statement Contact	Jeffrey Brian Snelling (Name)		412-349-4751 (Area Code) (Telephone Number)			
	jeffrey.snelling@unisonhealthplan.com (E-mail Address)		412-457-1344 (FAX Number)			

OFFICERS

CEO and President	Scott Andrew Bowers	Treasurer	Robert Worth Oberrender
Secretary	Christina Regina Palme-Krizak	Regional CFO	Amritpreet Singh Bhugra

OTHER

	DIRECTORS OR TRUSTEES	
Rita Faye Johnson-Mills	Michael Paul Radu	Katina Wen-Ling Lee

State of	Maryland	State of	Minnesota	State of	Illinois
County of	Howard	County of	Hennepin	County of	Will

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Scott Andrew Bowers CEO and President	Christina Regina Palme-Krizak Secretary	Amritpreet Singh Bhugra Regional CFO
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of

- a. Is this an original filing?..... Yes [ x ] No [ ]
- b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	328,650		328,650	330,918
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....4,286,887 ), cash equivalents (\$ .....19,999,456 ), and short-term investments (\$ .....2,926,287 ) .....	27,212,630		27,212,630	29,450,859
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	
8. Other invested assets .....			0	0
9. Receivables for securities .....	0		0	0
10. Aggregate write-ins for invested assets .....	0	0	0	0
11. Subtotals, cash and invested assets (Lines 1 to 10) .....	27,541,280	0	27,541,280	29,781,777
12. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
13. Investment income due and accrued .....	7,749		7,749	4,754
14. Premiums and considerations:				
14.1 Uncollected premiums and agents' balances in the course of collection .....	1,666,137		1,666,137	949,487
14.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
14.3 Accrued retrospective premiums .....			0	0
15. Reinsurance:				
15.1 Amounts recoverable from reinsurers .....	0		0	0
15.2 Funds held by or deposited with reinsured companies .....			0	0
15.3 Other amounts receivable under reinsurance contracts .....			0	0
16. Amounts receivable relating to uninsured plans .....			0	0
17.1 Current federal and foreign income tax recoverable and interest thereon .....	175,786		175,786	0
17.2 Net deferred tax asset .....	0	0	0	0
18. Guaranty funds receivable or on deposit .....			0	0
19. Electronic data processing equipment and software .....			0	0
20. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
21. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
22. Receivables from parent, subsidiaries and affiliates .....	0		0	632,822
23. Health care (\$ .....82,561 ) and other amounts receivable .....	144,300	61,739	82,561	19,132
24. Aggregate write-ins for other than invested assets .....	1,144,406	0	1,144,406	423,900
25. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 to 24) .....	30,679,658	61,739	30,617,919	31,811,873
26. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
27. Total (Lines 25 and 26)	30,679,658	61,739	30,617,919	31,811,873
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 through 1003 plus 1098)(Line 10 above) .....	0	0	0	0
2401. Premium Taxes Receivable .....	720,506		720,506	0
2402. State Income Taxes Receivable .....	423,900		423,900	423,900
2403. ....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498)(Line 24 above) .....	1,144,406	0	1,144,406	423,900

STATEMENT AS OF MARCH 31, 2010 OF THE Unison Health Plan of the Capital Area, Inc.

## LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$ _____ reinsurance ceded) _____	16,784,687		16,784,687	15,617,594
2.	Accrued medical incentive pool and bonus amounts _____	.0		.0	.0
3.	Unpaid claims adjustment expenses _____	310,607		310,607	266,984
4.	Aggregate health policy reserves _____	140,716		140,716	1,018,260
5.	Aggregate life policy reserves _____			.0	.0
6.	Property/casualty unearned premium reserve _____			.0	.0
7.	Aggregate health claim reserves _____	420,511		420,511	419,934
8.	Premiums received in advance _____			.0	.0
9.	General expenses due or accrued _____	90,829		90,829	212,367
10.1	Current federal and foreign income tax payable and interest thereon (including \$ _____ on realized gains (losses)) _____			.0	1,701,810
10.2	Net deferred tax liability _____			.0	.0
11.	Ceded reinsurance premiums payable _____			.0	.0
12.	Amounts withheld or retained for the account of others _____			.0	.0
13.	Remittances and items not allocated _____			.0	.0
14.	Borrowed money (including \$ _____ current) and interest thereon \$ _____ (including \$ _____ current) _____			.0	.0
15.	Amounts due to parent, subsidiaries and affiliates _____	728,224		728,224	.0
16.	Derivatives _____			.0	
17.	Payable for securities _____			.0	.0
18.	Funds held under reinsurance treaties (with \$ _____ authorized reinsurers and \$ _____ unauthorized reinsurers) _____			.0	.0
19.	Reinsurance in unauthorized companies _____			.0	.0
20.	Net adjustments in assets and liabilities due to foreign exchange rates _____			.0	.0
21.	Liability for amounts held under uninsured plans _____			.0	.0
22.	Aggregate write-ins for other liabilities (including \$ _____ current) _____	.0	.0	.0	.0
23.	Total liabilities (Lines 1 to 22) _____	18,475,574	.0	18,475,574	19,236,949
24.	Aggregate write-ins for special surplus funds _____	XXX	XXX	.0	.0
25.	Common capital stock _____	XXX	XXX	1,000	1,000
26.	Preferred capital stock _____	XXX	XXX		
27.	Gross paid in and contributed surplus _____	XXX	XXX	23,499,000	23,499,000
28.	Surplus notes _____	XXX	XXX		.0
29.	Aggregate write-ins for other than special surplus funds _____	XXX	XXX	.0	.0
30.	Unassigned funds (surplus) _____	XXX	XXX	(11,357,655)	(10,925,076)
31.	Less treasury stock, at cost:				
31.1	_____ shares common (value included in Line 25 \$ _____ ) _____	XXX	XXX		
31.2	_____ shares preferred (value included in Line 26 \$ _____ ) _____	XXX	XXX		
32.	Total capital and surplus (Lines 24 to 30 minus Line 31) _____	XXX	XXX	12,142,345	12,574,924
33.	Total liabilities, capital and surplus (Lines 23 and 32)	XXX	XXX	30,617,919	31,811,873
DETAILS OF WRITE-INS					
2201.	_____				
2202.	_____				
2203.	_____				
2298.	Summary of remaining write-ins for Line 22 from overflow page _____	.0	.0	.0	.0
2299.	Totals (Lines 2201 through 2203 plus 2298)(Line 22 above)	0	0	0	0
2401.	_____	XXX	XXX		
2402.	_____	XXX	XXX		
2403.	_____	XXX	XXX		
2498.	Summary of remaining write-ins for Line 24 from overflow page _____	XXX	XXX	.0	.0
2499.	Totals (Lines 2401 through 2403 plus 2498)(Line 24 above)	XXX	XXX	0	0
2901.	_____	XXX	XXX		
2902.	_____	XXX	XXX		
2903.	_____	XXX	XXX		
2998.	Summary of remaining write-ins for Line 29 from overflow page _____	XXX	XXX	.0	.0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	XXX	XXX	0	

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	89,987	83,270	340,900
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	18,883,795	16,321,208	71,335,766
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX			0
5. Risk revenue .....	XXX			0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	18,883,795	16,321,208	71,335,766
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		12,556,171	11,619,398	51,875,322
10. Other professional services .....		3,083,250	1,967,260	10,621,686
11. Outside referrals .....				0
12. Emergency room and out-of-area .....	0	2,145,915	1,637,792	8,166,343
13. Prescription drugs .....		900,205	473,786	2,591,068
14. Aggregate write-ins for other hospital and medical .....	0	0	3,001,571	(255,537)
15. Incentive pool, withhold adjustments and bonus amounts .....		0		0
16. Subtotal (Lines 9 to 15) .....	0	18,685,541	18,699,807	72,998,882
<b>Less:</b>				
17. Net reinsurance recoveries .....		(1,207)	115,476	59,831
18. Total hospital and medical (Lines 16 minus 17) .....	0	18,686,748	18,584,331	72,939,051
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ .....401,691 cost containment expenses .....		587,243	216,109	1,966,356
21. General administrative expenses .....		1,679,102	1,829,717	6,496,253
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		(877,544)	(1,275,000)	(681,740)
23. Total underwriting deductions (Lines 18 through 22).....	0	20,075,550	19,355,157	80,719,920
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(1,191,755)	(3,033,949)	(9,384,154)
25. Net investment income earned .....		3,981	16,145	41,053
26. Net realized capital gains (losses) less capital gains tax of \$ .....				
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	3,981	16,145	41,053
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )]. .....				
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(1,187,774)	(3,017,804)	(9,343,101)
31. Federal and foreign income taxes incurred .....	XXX	(718,596)	(1,056,231)	(3,467,190)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(469,178)	(1,961,573)	(5,875,911)
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. Prior Period IBNR Adjustment .....			3,005,215	
1402. Miscellaneous Medical Expense .....			(3,644)	(255,537)
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	3,001,571	(255,537)
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	12,574,922	(123,562)	(123,562)
34. Net income or (loss) from Line 32 .....	(469,178)	(1,961,573)	(5,875,911)
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....		0	(682,261)
39. Change in nonadmitted assets .....	36,601	(678)	256,656
40. Change in unauthorized reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....	0	10,000,000	19,000,000
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	(432,577)	8,037,749	12,698,484
49. Capital and surplus end of reporting period (Line 33 plus 48)	12,142,345	7,914,187	12,574,922
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	17,289,601	18,124,385	73,256,222
2. Net investment income .....	3,255	34,826	61,890
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	17,292,856	18,159,211	73,318,111
5. Benefit and loss related payments .....	16,668,363	16,576,852	67,960,496
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	3,064,768	2,470,403	8,953,477
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....1,159,000 tax on capital gains (losses) .....	1,159,000	0	(6,819,202)
10. Total (Lines 5 through 9) .....	20,892,131	19,047,255	70,094,771
11. Net cash from operations (Line 4 minus Line 10) .....	(3,599,275)	(888,044)	3,223,341
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	338,336	338,336
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	338,336	338,336
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	(338,336)	(338,336)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	10,000,000	19,000,000
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	1,361,046	(310,913)	(1,057,697)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	1,361,046	9,689,087	17,942,303
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) ..	(2,238,228)	8,462,707	20,827,308
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	29,450,859	8,623,551	8,623,551
19.2 End of period (Line 18 plus Line 19.1) .....	27,212,630	17,086,258	29,450,859

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	28,330	0	15,085	0	0	0	0	0	13,245	0
2. First Quarter .....	29,782		16,240						13,542	
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	89,987		49,637						40,350	
Total Member Ambulatory Encounters for Period:										
7 Physician .....	41,368		25,877						15,491	
8. Non-Physician .....	6,579		3,532						3,047	
9. Total	47,947	0	29,409	0	0	0	0	0	18,538	0
10. Hospital Patient Days Incurred	3,981		2,239						1,742	
11. Number of Inpatient Admissions	736		338						398	
12. Health Premiums Written (a) .....	18,883,795		8,987,383						9,896,412	
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0		0						0	
15. Health Premiums Earned .....	18,883,795		8,987,383						9,896,412	
16. Property/Casualty Premiums Earned .....	0		0						0	
17. Amount Paid for Provision of Health Care Services.....	17,517,872		8,805,174						8,712,698	
18. Amount Incurred for Provision of Health Care Services	18,685,542		9,634,027						9,051,515	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]



UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	4,532,525	4,326,240	2,772,637	7,297,196	7,305,162	9,240,980
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid .....	4,628,243	4,176,370	1,221,573	5,913,792	5,849,816	6,796,548
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	9,160,768	8,502,610	3,994,210	13,210,988	13,154,978	16,037,528
10. Healthcare receivables (a) .....		144,299			0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....					0	0
13. Totals	9,160,768	8,358,311	3,994,210	13,210,988	13,154,978	16,037,528

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

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## NOTES TO FINANCIAL STATEMENTS

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**Note 1 - Summary of Significant Accounting Policies**

A. Accounting Practices

The financial statements of Unison Health Plan of the Capital Area, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia, Department of Insurance, Securities, and Banking.

The financial statements are presented in conformity with the NAIC Accounting Practices and Procedures Manual except to the extent that state law differs or where NAIC statutory accounting practices and procedures do not address the accounting for the transaction. There are no state prescribed differences that are applicable to the Company.

A reconciliation of the Company's net income and capital and surplus for the differences between the District of Columbia basis and NAIC SAP is shown below:

	<u>3/31/2010</u>	<u>12/31/2009</u>
<u>Net (Loss):</u>		
1. District of Columbia basis	\$ (469,178)	\$ (5,875,911)
2. State Prescribed Practices None	-	-
3. State Permitted Practices None	-	-
	<hr/>	<hr/>
4. NAIC SAP basis	\$ (469,178)	\$ (5,875,911)
	<hr/>	<hr/>
<u>Statutory Capital &amp; Surplus</u>		
5. District of Columbia basis	\$ 12,142,345	\$ 12,574,924
6. State Prescribed Practices None	-	-
7. State Permitted Practices None	-	-
	<hr/>	<hr/>
8. NAIC SAP basis	\$ 12,142,345	\$ 12,574,924
	<hr/>	<hr/>

**Note 2 - Accounting Changes and Corrections of Errors**

No significant change.

**Note 3 - Business Combinations and Goodwill**

No significant change.

**Note 4 - Discontinued Operations**

No significant change.

**Note 5 – Investments**

- A. No significant change.
- B. No significant change.
- C. No significant change.
- D. The Company has no investments in Loan-Backed Securities as of March 31, 2010.
- E. No significant change.
- F. No significant change.
- G. No significant change.

**Note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

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## NOTES TO FINANCIAL STATEMENTS

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No significant change.

### **Note 7 - Investment Income**

No significant change.

### **Note 8 - Derivative Instruments**

No significant change.

### **Note 9 - Income Taxes**

No significant change.

### **Note 10 - Information Concerning Parent, Subsidiaries and Affiliates**

No significant change.

### **Note 11 - Debt**

No significant change.

### **Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

No significant change.

### **Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

No significant change.

### **Note 14 - Contingencies**

No significant change.

### **Note 15 - Leases**

No significant change.

### **Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

No significant change.

### **Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. The Company did not have any transfers of receivables reported as sales as of March 31, 2010 or December 31, 2009.
- B. The Company did not have any transfer and servicing of financial assets as of March 31, 2010 or December 31, 2009.
- C. No transactions involving wash sales of securities with a NAIC designation of 3 or below or unrated securities occurred during the year ended March 31, 2010 or December 31, 2009.

### **Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

No significant change.

### **Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No significant change.

### **Note 20 - Other Items**

No significant change.

### **Note 21 - Events Subsequent**

No significant change.

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## NOTES TO FINANCIAL STATEMENTS

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**Note 22 - Reinsurance**

No significant change.

**Note 23 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

No significant change.

**Note 24 - Change in Incurred Losses and Loss Adjustment Expenses**

Reserves as of March 31, 2010 were \$17.2 million. As of March 31, 2010, \$9.2 million has been paid for incurred losses attributable to insured events of prior years. Reserves remaining for prior years are now \$4.0 million as a result of re-estimation of unpaid claims. Therefore, there has been a \$2.9 million favorable prior-year development since December 31, 2009 to March 31, 2010. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are adjusted as additional information becomes known regarding individual claims.

**Note 25 - Intercompany Pooling Arrangements**

No significant change.

**Note 26 - Structured Settlements**

No significant change.

**Note 27 - Health Care Receivables**

No significant change.

**Note 28 - Participating Policies**

No significant change.

**Note 29 - Premium Deficiency Reserves**

No significant change.

**Note 30 – Anticipated Salvage and Subrogation**

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [ ] No [ X ]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [ ] No [ ]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]
- 2.2

If yes, date of change:
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?  
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes [ X ] No [ ]
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [ X ]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes [ ] No [ X ] N/A [ ]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

08/31/2007
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

08/31/2007
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

02/10/2008
- 6.4

By what department or departments?  
District of Columbia Department of Insurance, Securities, and Banking
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ] No [ ] N/A [ X ]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ X ] No [ ] N/A [ ]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ] No [ X ]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ X ] No [ ]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
OptumHealth Bank, Inc.	Salt Lake City, Utah	NO	NO	NO	YES	NO

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [ X ] No [ ]
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....

Yes [ ] No [ X ]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....

\$ .....

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [ X ]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....

\$ .....0
13.

Amount of real estate and mortgages held in short-term investments: .....

\$ .....0
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [ X ]
- 14.2

If yes, please complete the following:
- |                                                                                                     | 1                                                 | 2                                                  |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
|                                                                                                     | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....                                                                                   | \$ .....0                                         | \$ .....0                                          |
| 14.22 Preferred Stock .....                                                                         | \$ .....0                                         | \$ .....0                                          |
| 14.23 Common Stock .....                                                                            | \$ .....0                                         | \$ .....0                                          |
| 14.24 Short-Term Investments .....                                                                  | \$ .....0                                         | \$ .....0                                          |
| 14.25 Mortgage Loans on Real Estate .....                                                           | \$ .....0                                         | \$ .....0                                          |
| 14.26 All Other .....                                                                               | \$ .....0                                         | \$ .....0                                          |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....0                                         | \$ .....0                                          |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....0                                         | \$ .....0                                          |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....

Yes [ ] No [ ]
- If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2010 OF THE    Unison Health Plan of the Capital Area, Inc.

GENERAL INTERROGATORIES

16.    Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? .....    Yes [ ☒ ]    No [    ]
- 16.1    For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon .....	Global Liquidity Services, 14th Floor, New York, NY 10286 .....

- 16.2    For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 16.3    Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? .....    Yes [    ]    No [ ☒ ]
- 16.4    If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 16.5    Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

- 17.1    Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? .....    Yes [ ☒ ]    No [    ]
- 17.2    If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent .....101.1 %

1.2 A&H cost containment percent .....2.1 %

1.3 A&H expense percent excluding cost containment expenses .....9.9 %
- 2.1

Do you act as a custodian for health savings accounts? ..... Yes [   ] No [ X ]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date .....\$.....
- 2.3

Do you act as an administrator for health savings accounts? ..... Yes [   ] No [ X ]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date .....\$.....



STATEMENT AS OF MARCH 31, 2010 OF THE Unison Health Plan of the Capital Area, Inc.

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4  Name of Reinsurer	5  Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
			NONE			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
States, etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama .....	AL	N						0	
2.	Alaska .....	AK	N						0	
3.	Arizona .....	AZ	N						0	
4.	Arkansas .....	AR	N						0	
5.	California .....	CA	N						0	
6.	Colorado .....	CO	N						0	
7.	Connecticut .....	CT	N						0	
8.	Delaware .....	DE	N						0	
9.	District of Columbia ..	DC	L	8,987,383	9,896,412				18,883,795	
10.	Florida .....	FL	N						0	
11.	Georgia .....	GA	N						0	
12.	Hawaii .....	HI	N						0	
13.	Idaho .....	ID	N						0	
14.	Illinois .....	IL	N						0	
15.	Indiana .....	IN	N						0	
16.	Iowa .....	IA	N						0	
17.	Kansas .....	KS	N						0	
18.	Kentucky .....	KY	N						0	
19.	Louisiana .....	LA	N						0	
20.	Maine .....	ME	N						0	
21.	Maryland .....	MD	N						0	
22.	Massachusetts .....	MA	N						0	
23.	Michigan .....	MI	N						0	
24.	Minnesota .....	MN	N						0	
25.	Mississippi .....	MS	N						0	
26.	Missouri .....	MO	N						0	
27.	Montana .....	MT	N						0	
28.	Nebraska .....	NE	N						0	
29.	Nevada .....	NV	N						0	
30.	New Hampshire .....	NH	N						0	
31.	New Jersey .....	NJ	N						0	
32.	New Mexico .....	NM	N						0	
33.	New York .....	NY	N						0	
34.	North Carolina .....	NC	N						0	
35.	North Dakota .....	ND	N						0	
36.	Ohio .....	OH	N						0	
37.	Oklahoma .....	OK	N						0	
38.	Oregon .....	OR	N						0	
39.	Pennsylvania .....	PA	N						0	
40.	Rhode Island .....	RI	N						0	
41.	South Carolina .....	SC	N						0	
42.	South Dakota .....	SD	N						0	
43.	Tennessee .....	TN	N						0	
44.	Texas .....	TX	N						0	
45.	Utah .....	UT	N						0	
46.	Vermont .....	VT	N						0	
47.	Virginia .....	VA	N						0	
48.	Washington .....	WA	N						0	
49.	West Virginia .....	WV	N						0	
50.	Wisconsin .....	WI	N						0	
51.	Wyoming .....	WY	N						0	
52.	American Samoa .....	AS	N						0	
53.	Guam .....	GU	N						0	
54.	Puerto Rico .....	PR	N						0	
55.	U.S. Virgin Islands ...	VI	N						0	
56.	Nothern Mariana Islands .....	MP	N						0	
57.	Canada .....	CN	N						0	
58.	Aggregate Other Aliens .....	OT	XXX	0	0	0	0	0	0	0
59.	Subtotal .....	XXX	8,987,383	0	9,896,412	0	0	0	18,883,795	0
60.	Reporting Entity Contributions for Employee Benefit Plans .....	XXX							0	
61.	Totals (Direct Business)	(a) 1	8,987,383	0	9,896,412	0	0	0	18,883,795	0
DETAILS OF WRITE-INS										
5801.	.....	XXX								
5802.	.....	XXX								
5803.	.....	XXX								
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
5899.	Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX	0	0	0	0	0	0	0	

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.  
(a) Insert the number of L responses except for Canada and Other Alien.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....

NO

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



**OVERFLOW PAGE FOR WRITE-INS**

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	330,918	0
2. Cost of bonds and stocks acquired .....		338,336
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....		
7. Deduct amortization of premium .....	2,268	7,418
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	328,650	330,918
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	328,650	330,918

STATEMENT AS OF MARCH 31, 2010 OF THE Unison Health Plan of the Capital Area, Inc.

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a) .....	17,353,358	20,002,292	14,099,222	(2,035)	23,254,393	0		17,353,358
2. Class 2 (a) .....	0	0	0	0	0	0		0
3. Class 3 (a) .....	0	0	0	0	0	0		0
4. Class 4 (a) .....	0	0	0	0	0	0		0
5. Class 5 (a) .....	0	0	0	0	0	0		0
6. Class 6 (a) .....	0	0	0	0	0	0		0
7. Total Bonds	17,353,358	20,002,292	14,099,222	(2,035)	23,254,393	0	0	17,353,358
PREFERRED STOCK								
8. Class 1 .....	0	0	0	0	0	0		
9. Class 2 .....	0	0	0	0	0	0		
10. Class 3 .....	0	0	0	0	0	0		
11. Class 4 .....	0	0	0	0	0	0		
12. Class 5 .....	0	0	0	0	0	0		
13. Class 6 .....	0	0	0	0	0	0		
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	17,353,358	20,002,292	14,099,222	(2,035)	23,254,393	0	0	17,353,358

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 ;  
NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	2,926,287	XXX	2,926,287	946	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	17,022,440	11,055,484
2. Cost of short-term investments acquired .....	3,069	97,399,982
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	14,099,222	91,432,580
7. Deduct amortization of premium .....		446
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	2,926,287	17,022,440
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	2,926,287	17,022,440

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards  
**N O N E**

Schedule DB - Part B - Verification - Futures Contracts  
**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open  
**N O N E**

Schedule DB - Part C - Section 2 - Reconciliation of Replication (Synthetic Asset) Transactions Open  
**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives  
**N O N E**



SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	
2. Cost of cash equivalents acquired .....	19,999,223	
3. Accrual of discount .....	233	
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....		
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	19,999,456	0
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	19,999,456	0

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired  
**N O N E**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of  
**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

## SCHEDULE E - PART 1 - CASH

[illegible]

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]